

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011927

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

209

Primary Registration District No.

3043

Registrar's No.

111

STATE FILE NUMBER

FILED APR 2 1962

1. PLACE OF DEATH

a. COUNTY

Marion

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

Shelby

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Hannibal

Length of stay in 1b

6 da

c. CITY  
OR  
TOWN

Shelbyville

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

St. Elizabeth Hospital

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Effie May "Winget" Kidwell

4. DATE  
OF  
DEATH

Month

Day

Year

Mar 1 1962

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10 Jan 1884

9. AGE (last birthday)

78

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Shelby County

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Joseph H Howerton

13b. MOTHER'S MAIDEN NAME

Harriet Ellen Philliber

14. NAME OF HUSBAND OR WIFE

Ralph Kidwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

17. INFORMANT

Mrs. D. R. Snow

Address

Kansas City, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia

INTERVAL BETWEEN  
ONSET AND DEATH

2 days

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

upper Gastrointestinal Hemorrhage

4-5 days

DUE TO (c)

Gastric ulcer

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

marked nephrosclerosis

moderate pulmonary edema

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-26-62 to 3-1-62 and last saw her him alive on 3-1-62

Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION  
REMOVAL (Specify)

Burial

23b. DATE

4 Mar 1962

23c. NAME OF CEMETERY OR CREMATORY

Linville Cemetery

23d. LOCATION (City, town, or county)

Edina, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Hudson-Rimer Funeral Home, Edina, Mo March 26, 1962 Dr. E. M. Tucker by Philman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10648

21020

3

4 1

5 2

6

7 0

8 1

95400

10

11

12 - 0

13 1 - 0

VS APR 3 - 1962

ENTERED

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*A. H. Rimer*

Licensed Embalmer No. \_\_\_\_\_

5041

P. O. Address \_\_\_\_\_

*Edina, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Permit issued 3/26/62*